

## IN THE SPECIFICATION:

Please amend the Specification at paragraphs [0054] and [0057], as follows:

**[0054]** A catheter tunneling adapter 210, preferably similar to the catheter tunneling adapter shown in Fig. 13 and disclosed in U.S. Publication No. US 2004/0176739, is releasably connected to the proximal ends 111, 131 of the catheters 110, 130. Alternatively, an adapter such as the adapter disclosed in U.S. Publication No. US 2005/0027282 may be used. Preferably, an extension 211 extending from the first end 212 of the tunneling adapter 210 is inserted into each of the proximal ends 111, 131 of the catheters 110, 130 and a trocar 214 is connected to the second end 216 of the adapter 210. The trocar 214, the adapter 210, and catheters 110, 130 are pulled through the subcutaneous tunnel 24 made by the pointed end 218 of the trocar 214. Once the catheters 110, 130 have been placed in the subcutaneous tunnel 24, and after the adapter 210 and trocar 214 have been removed, the catheters 110, 130 appear as shown in Fig. 11. The ingrowth cuff 125 is disposed within the subcutaneous tunnel 24. Over time, skin tissue forming the wall of the subcutaneous tunnel 24 will grow into the ingrowth cuff 125, securing the catheters 110, 130 in the subcutaneous tunnel 24. It is also seen in Fig. 11, that lengths of the proximal lumen end portions 112, 132 ~~extend~~ coextend proximally from the tunnel 24, ~~and thus provide a range of potential sites for attaching the hub thereto from~~ along which the practitioner may choose a desired hub site. It has been previously described that the length of the tunnel may be dependent on the particular patient. Thus, if the proximal lumen ends extend for an unnecessary long distance proximally of the tunnel exit after tunneling, the practitioner may

trim them prior to attaching the hub and attaching the extension tube assemblies to the lumen ends.

[0057] Now with reference to Figs. 5 and 6, to further ensure that the proximal catheter end regions 112, 134 remain secured in the subcutaneous area 16 of the body 14, the hub 150 is secured to the assembly 100 by placing the catheters 110, 130 into the bottom hub portion 162 such that the first transition portion 186 is disposed in the first proximal channel 158 and the second transition portion 188 is disposed in the second proximal channel 159, with a portion of the first and second catheters 110, 130 distal of the first and second transition portions 158, 159 being disposed within the distal channel 155. The top hub portion 160 is pivoted about the hinge 151 to the closed position such that the tabs 172 on the top hub 160 portion snap into the recesses 174 in the bottom hub portion 162, securing the hub 150 to the catheters 110, 130. The hub 150 may now be sutured to the patient's skin by suturing the sutures (not shown) over the suture wing assemblies 157. Insertion of the catheter assembly 100 is now complete, as shown in Fig. 12, with separate but adjacent portions of the first and second proximal end regions extending distally from a common exit of the hub member, and separate and spaced apart portions thereof extending proximally through respective exits from the hub member, to connections with respective extension tubes.